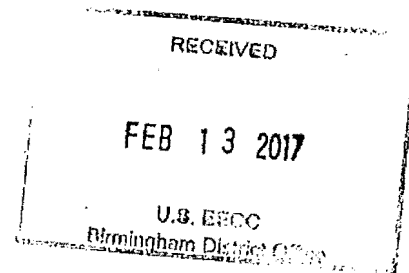


EXHIBIT "A"

CHARGE OF DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 420-2017-0107
This form is affected by the Privacy Act of 1974; see Privacy Act Statement before completing this form.			
		and EEOC	
(State or local Agency, if any)			
NAME (Indicate Mr., Ms., or Mrs.) Amanda Eckl		HOME TELEPHONE NO. (Include Area Code)	
STREET ADDRESS	CITY, STATE AND ZIP CODE Florence, AL 35630	DATE OF BIRTH	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME Lauderdale County Board of Education	NO. OF EMPLOYEES/MEMBERS +100	TELEPHONE NUMBER (Include Area Code) 256-760-1300	
STREET ADDRESS 355 County Road 61	CITY, STATE AND ZIP CODE Florence, AL 35634	COUNTY Lauderdale	
NAME		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS	CITY, STATE AND ZIP CODE	COUNTY	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISCRIMINATION TOOK PLACE	
<input type="checkbox"/> RACE ORIGIN <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		EARLIEST September 1, 2016 LATEST <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)): After filing an EEOC Charge of Discrimination alleging pay and sex discrimination (EEOC Charge # 420201600618) I was asked to resign and reapply for my job. I refused to resign, but was still required to reapply for my position. The school board then voted on whether to allow me to keep a job. My position was actually eliminated and replaced with a position not eligible for the higher pay scale used for the male employee described in the prior charge.			
<input type="checkbox"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the foregoing is true and correct.		NOTARY - (When necessary to meet State and Local Requirements)	
		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Date _____ Charging Party (Signature) _____		SIGNATURE OF COMPLAINANT _____ SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year) _____	

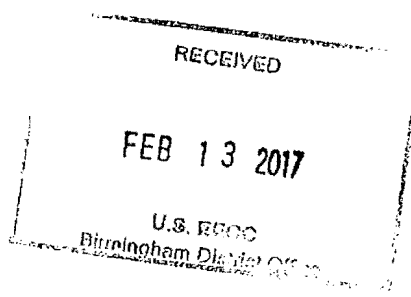


<p><u>11/21/16</u> Date</p> <p><u>Amanda J. Eckel</u> Charging Party Signature</p>	<p><u>Zachary Hays</u></p> <p>SUBSCRIBED AND SWORN TO BEFORE ME, THIS DATE (month, day, year) 11-22-16</p>
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CHARGE OF DISCRIMINATION		<input type="checkbox"/> AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 420-2017-0113
This form is affected by the Privacy Act of 1974; see Privacy Act Statement before completing this form.			
		and EEOC	
(State or local Agency, if any)			
NAME (Indicate Mr., Ms., or Mrs.) Jessica VanDerVelde		HOME TELEPHONE NO. (Include Area Code)	
STREET ADDRESS	CITY, STATE AND ZIP CODE Florence, AL 35630	DATE OF BIRTH	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME Lauderdale County Board of Education	NO. OF EMPLOYEES/MEMBERS +100	TELEPHONE NUMBER (Include Area Code) 256-760-1300	
STREET ADDRESS 355 County Road 61	CITY, STATE AND ZIP CODE Florence, AL 35634	COUNTY Lauderdale	
NAME		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS	CITY, STATE AND ZIP CODE	COUNTY	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISCRIMINATION TOOK PLACE	
<input type="checkbox"/> RACE ORIGIN <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		EARLIEST LATEST September 1, 2016 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):			
After filing an EEOC Charge of Discrimination alleging pay and sex discrimination (EEOC Charge # 420201600620) I was asked to resign and reapply for my job. I refused to resign, but was still required to reapply for my position. The school board then voted on whether to allow me to keep a job. My position was actually eliminated and replaced with a position not eligible for the higher pay scale used for the male employee described in the prior charge.			
<input type="checkbox"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary to meet State and Local Requirements) I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
I declare under penalty of perjury that the foregoing is true and correct.		SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	
Date	Charging Party (Signature)		

RECEIVED
FEB 13 2017
 U.S. EEOC
 Birmingham District Office

<p>11/21/16 Date</p>	<p><i>Jessica D. VanDyke</i> Charging Party Signature</p>	<p><i>Zachary Hryg</i> SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) 11-22-16</p>
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CHARGE OF DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 420-2017-01112
This form is affected by the Privacy Act of 1974; see Privacy Act Statement before completing this form.			
and EEOC			
(State or local Agency, if any)			
NAME (Indicate Mr., Ms., or Mrs.) Angela West		HOME TELEPHONE NO. (Include Area Code)	
STREET ADDRESS	CITY, STATE AND ZIP CODE Florence, AL 35630	DATE OF BIRTH	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME Lauderdale County Board of Education	NO. OF EMPLOYEES/MEMBERS +100	TELEPHONE NUMBER (Include Area Code) 256-760-1300	
STREET ADDRESS 355 County Road 61	CITY, STATE AND ZIP CODE Florence, AL 35634	COUNTY Lauderdale	
NAME		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS		COUNTY	
CITY, STATE AND ZIP CODE		DATE DISCRIMINATION TOOK PLACE	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE ORIGIN <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		EARLIEST LATEST September 1, 2016 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):			
After filing an EEOC Charge of Discrimination alleging pay and sex discrimination (EEOC Charge # 420201600619) I was asked to resign and reapply for my job. I refused to resign, but was still required to reapply for my position. The school board then voted on whether to allow me to keep a job. My position was actually eliminated and replaced with a position not eligible for the higher pay scale used for the male employee described in the prior charge.			
			
<input type="checkbox"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary to meet State and Local Requirements)	
I declare under penalty of perjury that the foregoing is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Date		SIGNATURE OF COMPLAINANT	
Charging Party (Signature)		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	

<p>_____</p> <p><i>Amela West</i></p> <p><i>Charging Party Signature</i></p>	<p><i>Zachary Harg</i></p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE</p> <p>(month, day, year)</p> <p>11-28-16</p>
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